



**APPLICATION FOR WHOLESALE BEER OR LIQUOR LICENSE**  
NORTH DAKOTA STATE TREASURER  
SFN 5778 (Rev. 11-99)

FOR TREASURER'S OFFICE USE ONLY

License Number

APPLYING FOR: ☐ Wholesale Beer License ☐ Wholesale Liquor License

NOTE: Check ONE only - Separate application required for each license.

**APPLICATION PURSUANT TO NDCC Title V.**

|  |  |  |                                      |
|--|--|--|--------------------------------------|
| Applicant                                    |  | Federal Wholesale Basic Permit Number (For Alcohol Beverage Wholesale) |                                      |
| Name of Business                             |  |  |                                      |
| Mailing Address                              |  | City   | State Zip Code                       |
| <input type="checkbox"/> Sole Proprietorship |  | <input type="checkbox"/> Partnership                                   | <input type="checkbox"/> Corporation |
|  |  | County   |                                      |

**(A) - ALL APPLICANTS:**

("X" ANSWER)

1. Do you have any financial interest in any retail alcohol beverage establishment? (If corporation, this encompasses all officers, directors and stockholders; if partnership, include all partners.) If yes, list below. ☐ Yes ☐ No
2. Does any alcohol beverage manufacturer and/or alcohol beverage retailer have any financial interest in this wholesale business? If yes, list below. ☐ Yes ☐ No
3. Do you have a warehouse(s) and office(s) in the State of North Dakota, or a state which has reciprocity with North Dakota regarding this provision, which contains a complete record of all your North Dakota transactions? If yes, all locations of office(s) and warehouse(s) from which business is conducted such as the selling and ordering of merchandise, where product is stored and/or deliveries are received or made, including addresses and managers this application covers must be listed below. Attach additional sheet if necessary. ☐ Yes ☐ No

LOCATION

ADDRESS

MANAGER

**(B) - INDIVIDUALS AND PARTNERSHIP:**

1. If partnership, list all partners:
2. Are you [and partner(s)] a citizen of the United States and resident of North Dakota? ☐ Yes ☐ No
3. Have you [or partner(s)] ever been convicted of a felony? If yes, list name and details below. ☐ Yes ☐ No

**(C) - CORPORATION:**

1. Are you properly registered with the North Dakota Secretary of State? ☐ Yes ☐ No
2. Is your manager a resident of the State of North Dakota? ☐ Yes ☐ No
3. Has your manager ever been convicted of a felony? If yes, explain below. ☐ Yes ☐ No
4. Are all officers, directors, and stockholders citizens of the United States? List those persons below. ☐ Yes ☐ No
5. Have any officers, directors, or stockholders ever been convicted of a felony? If yes, list name and details below. ☐ Yes ☐ No

I, the undersigned, hereby apply for the above indicated license for the calendar year ending December 31, \_\_\_\_\_. I understand that any misstatement or concealment of fact in this application shall be grounds for revocation of the license.

**LICENSE FEE (NOT PRORATED):**

\$ 200 - Wholesale Beer License  
\$ 1,000 - Wholesale Liquor License

**MAKE CHECK PAYABLE TO NORTH DAKOTA STATE TREASURER**

Send application and license fee to:  
North Dakota State Treasurer  
Alcohol Beverage Division  
State Capitol 3rd Floor  
600 East Boulevard Avenue  
Bismarck, ND 58505-0600  
Telephone: (701) 328-2643  
Fax (701) 328-3002

Signature of Applicant

Title \_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public

County of \_\_\_\_\_

My commission expires \_\_\_\_\_